

NOTIFICATION OF DEMOLITION AND RENOVATION

02/26/2016 14083

I. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER:				
verizon				
Address: 204 second avenue				
City: ny	State: ny	Zip: 10003		
Contact: John mcpartland			Telephone: 3475024049	
REMOVAL CONTRACTOR: northstar				
Address: 32 williams parkway				
City: east hanover	State: NJ	Zip: 07936		
Contact: Paul Mast			Telephone: (973) 772-3660	
OTHER OPERATOR:				
Address:				
City:	State:	Zip:		
Contact:				
II. TYPE OF NOTIFICATION (O-Original / R-Revised): O				
III. TYPE OF OPERATION (D-Demolition / R-Renovation): R				
IV. IS ASBESTOS PRESENT? (yes/no): YES				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number):				
Bldg Name: verizon				
Address: 204 second avenue				
City: ny	State: ny	County: manhattan		
Site Location: basement				
Building Size	Sq.Meter:	Sq.Ft. 30,000	# of Floors: 7	Age in Years: 40
Present Use: commercial		Prior Use: commercial		
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL:				
Materials assumed to be asbestos determined by PLM analysis by client.				
VII. APPROXIMATE AMOUNT OF RACM TO BE REMOVED AND NONFRIABLE ABESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW.				
	RACM To Be Removed		Nonfriable Asbestos Material Not to Be Removed	
		Category I	Category II	
Pipes - Linear Feet	280 lf			
Pipes - Linear Meters				
Surface Area - Square Feet				
Surface Area - Square Meters				
Volume RACM off Facility Component - Cubic Feet				
Volume RACM off Facility Component - Cubic Meter				
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL (MM/DD/YY)		Start: 02/22/16	Completion: 12/30/16	
IX. SCHEDULED DATES OF DEMO/RENOVATION (MM/DD/YY)		Start:	Completion:	

continued on page two

Figure 1. Notification of Demolition and Renovation

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

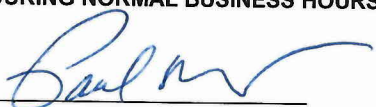
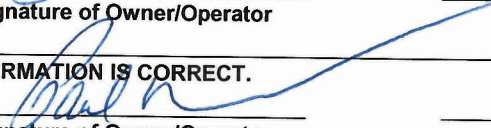
X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:			
asbestos abatement following nycdep regulations and variances			
XI. DESCRIPTION OF ENGINEERING CONTROLS AND WORK PRACTICES TO BE USED TO CONTROL EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:			
negative pressure containments wet methods decon units, airless sprayers. Following nycdep regulations			
XII. WASTE TRANSPORTER #1			
Name:		vandan disposal	
Address:		1009 glen cove ave	
City:	glen head	State:	Ny
Contact Person:	marke tabor	Telephone #:	7189912828
Zip:		11545	
WASTE TRANSPORTER #2			
Name:			
Address:			
City:		State:	
Contact Person:		Telephone #:	
Zip:		07032	
XIII. WASTE DISPOSAL SITE			
Name:		minerva landfill	
Address:		8955 minerva rd	
City:	waynesburg	State:	ohio
Telephone:	3308663435	Zip:	44688
XIV. IF DEMOLITION ORDERED BY GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:			
Name:		Title:	
Authority:			
Date of Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY):	
XV. FOR EMERGENCY RENOVATION			
Date and Hour of Emergency (MM/DD/YY):			
Description of the Sudden, Unexpected Event:			
Explanation of How the Event Caused Unsafe Conditions or Serious Disruption of Industrial Operations:			
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER.			
Stop work, regulate area, institute proper engineering controls, wet materials and double bag.			
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation)			
 Signature of Owner/Operator			02/01/16 Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.			
 Signature of Owner/Operator			02/01/16 Date

Figure 1. Notification of Demolition and Renovation